

Arkansas HOSA Central Fall Conference 2009-2010

Date: Wednesday, October 7, 2009

Time: 8 am – 3:30 pm

Location: CA Vines 4-H Center
#1 Four –H Way
Little Rock, AR 72223

Registration Fee: \$40.00 payable to Arkansas HOSA
Includes ExCEL Teamwork Training and Lunch

Registration

Deadline: ALL FORMS, PAYMENT, AND REGISTRATION INFORMATION due
BY September 18, 2009 to the Arkansas HOSA State Office
3 Capitol Mall, Room 505D, Little Rock, AR 72201 or FAX 501/682-1355

ADVISORS: BRING A COPY OF ALL FORMS WITH YOU TO THE CONFERENCE

Name of School

Address of School

City

Zip

School Phone Number

Fax Number

Advisor Name

Advisor CELL Number

Advisor E-Mail Address

Each participant MUST submit the following:

FULL Payment for Registration

COMPLETED Arkansas HOSA Release of Liability Form

COMPLETED ExCEL Release and Waiver of Liability Form

COMPLETED Publications, Video, Internet Consent and Release Agreement for Youth

Arkansas HOSA Central Fall Conference

October 7, 2009

ExCELL Training Registration Summary

ALL DOCUMENTS DUE September 18, 2009. ADVISORS-BRING A COPY OF ALL DOCUMENTS WITH YOU

| Participant Type Student Advisor Chaperone | First Name | Last Name | Sex* | Race* | AR HOSA Liability Completed | ExCEL Release & Waiver Completed | Publications, Video, Internet Consent and Release Completed | Registration Fee |
|---|------------|-----------|------|-------|-----------------------------------|--|---|---------------------|
| | | | | | | | | \$40.00 |
| | | | | | | | | \$40.00 |
| | | | | | | | | \$40.00 |
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| | | | | | | | | \$40.00 |
| | | | | | | | | \$40.00 |
| | | | | | | | | \$40.00 |
| TOTALS | | | | | | | | |

For Race, use one of the following: White, Black, Am Indian or Alaska Native, Hawaiian or Pacific Islander, Asian, Two or More Races (Hispanic/Latino should be included in one of the races listed and not separately)

***This information is requested solely for the purpose of determining compliance with federal civil rights law, and your response will not affect your eligibility to participate in Extension programs. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner. The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer**

Arkansas HOSA Medical and Liability Release Form

DIRECTIONS: Dues to legal restrictions, it is necessary that all delegates, parents/guardians, guests and HOSA Advisors complete this form to be eligible to attend all HOSA AND ARKANSAS Conferences. This form should be returned to the HOSA Chapter Advisor who will forward all forms to the State Advisor. In turn, the HOSA State Advisor will make a copy for his/her files and mail the original forms to National HOSA (when applicable). Please check with your state advisor of the state due dates, which will be prior to each conference.

PLEASE TYPE OR PRINT ALL INFORMATION

Delegate

Parent/Guardian

Name _____

Name _____

Home Address _____

Parent/Guardian/Telephone: _____ Home: _____ Work: _____

Student's Physician: _____ Phone: _____

Physician's Address: _____

Alternate Contact: _____

Telephone Number: _____ Home: _____ Work: _____

Local Advisor: _____ School Name: _____

Student is covered by group or medical insurance: _____ Yes _____ No

If yes, complete the following information:

Name of insured: _____ Insurance Company: _____

Group #: _____ Policy #: _____

Please completely describe any medical condition which may recur or be a factor in medical treatment:

a. Allergies: _____ e. Physical Handicap: _____

b. Convulsions: _____ f. Medicine Reactions: _____

c. Blackouts: _____ g. Disease of any kind: _____

d. Heart/lung problems: _____ h. Other (be specific): _____

If currently taking medication, please provide the following information:

Name of medication: _____ Prescribing Physician/Phone Number: _____

LIABILITY RELEASE: I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during this trip. I hereby release ARKANSAS HOSA and National HOSA Board of Directors, the National Staff, State, and Local HOSA Association, and any designated individual in charge of the HOSA group or specific activity from any legal or financial responsibility with respect to my personal or may student/child's participation in or contact with any known element associated with an activity including competitive events.

PARENT/GUARDIAN: Please check one of the following and sign your name.

☐ I give my permission for immediate medial treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.

☐ I do NOT give permission for medical treatment until I have been contacted.

Parent/Guardian's Signature: _____ Date: _____

(Applicable for delegates und the age of 18 and must be signed by the parent or legal guardian.)

Delegate's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____



UNIVERSITY OF ARKANSAS
DIVISION OF AGRICULTURE
Cooperative Extension Service

**ExCEL Release and Waiver of Liability
(ALL GROUP MEMBERS, PARTICIPANTS &
NON-PARTICIPANTS MUST SIGN A FORM)**

FY4-H-107
3/17/04

Name _____ Age _____ Work Phone _____

Address: Street _____ City _____ Zip _____

In case of Emergency contact: _____

Relationship _____ Home Phone # _____ Work Phone # _____

STATEMENT OF UNDERSTANDING/MEDICAL INFORMATION

I am aware in signing this statement for participation in the programs at the Arkansas 4-H Center that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability for participation in the activity. If for any reason you question your ability to participate in the activity, please consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using the High Ropes Course and Initiatives Course include: Slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries. Please note that most activities are conducted in the out-of-doors in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid exposure to the elements. The instructors of the course will take every reasonable precaution to minimize exposure to known risks, however, as a participant you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities which lead to the experiences at the ExCEL Challenge Program at the Arkansas 4-H Center.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.

I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expense thereof, as a result of my family member(s) participating in the ExCEL Challenge Program.

EMERGENCY MEDICAL INFORMATION

Please Check Yes or No

| Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to foods, drugs, insect bites, dust. Please identify them and your reaction. |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical disabilities or conditions which might limit your participation. Please identify them. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are presently taking medication, please identify the medication. |

MEDICAL AUTHORIZATION

Parent or legal guardian must sign for all persons under 18 years of age.

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the University of Arkansas, the Arkansas 4-H Foundation, the Arkansas Cooperative Extension Service, or its employees for any injury or damage received by my child while he/she is being transported or is engaged in this activity.

I understand and accept the above statement and further authorize each of the following:

- A. The health history is correct and the participant has my permission to engage in all program activities.
- B. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- C. I authorize medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the Cooperative Extension Service in or to process claims.
- D. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care units.

Signature _____ Date _____

(If 18 or under, parent or Guardian must sign.)

University of Arkansas, United States Department of Agriculture and County Governments Cooperating.

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, national origin, religion, gender, age, disability, marital or veteran status, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.



Publications, Video, Internet Consent and Release Agreement For Youth

Youth who attend or participate in programs or events conducted by the University of Arkansas Cooperative Extension Service are occasionally asked to be part of the county and/or statewide publicity, promotion, marketing efforts and/or public relations activities or projects, and/or to appear in educational and curriculum material developed by the Cooperative Extension Service. In order to guarantee your child's privacy and ensure your agreement for your child to participate, the University of Arkansas Cooperative Extension Service asks that you sign and return this form for each of your participating children to your county Cooperative Extension Service office.

By your signature on this form, you approve the University of Arkansas Cooperative Extension Service, should it choose, to use your child's name, picture, art, written work, voice, verbal statements or portraits (video or still) in any educational and/or promotional printed or electronic piece that furthers Extension's educational and/or public relations efforts during this and subsequent years. This includes but is not limited to external news media outlets, printed and/or broadcast, Cooperative Extension web site, brochures, displays, newsletters, curriculum guides, purchased advertisements or other means of communicating with the public about Cooperative Extension Service programs and services. The pictures, recordings, articles, copy or other means of communications may or may not personally identify your child.

AGREEMENT

Youth and Parent/Guardian release to the University of Arkansas Cooperative Extension Service by indicating below, consent to their use by the University of Arkansas Cooperative Extension Service. Please mark the following options:

- ☐ Child's name
- ☐ Art
- ☐ Voice
- ☐ All of the above

- ☐ Picture, Portrait (video or still)
- ☐ Written work
- ☐ Verbal statement

The University of Arkansas Cooperative Extension Service agrees that the youth's name, picture, art, written work, voice, verbal statements, portraits (video or still) will only be used for Extension's public relations, public information, promotion, publicity and marketing efforts and/or to support its educational program.

Youth and Parent/Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photographs, video or student statements may be used in subsequent years;
- If the Youth and Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice.

Effective Date of Agreement _____

Youth's Name _____

Youth's Signature if at least 18 years old _____

Parent/Guardian: (Print name) _____

Signature _____



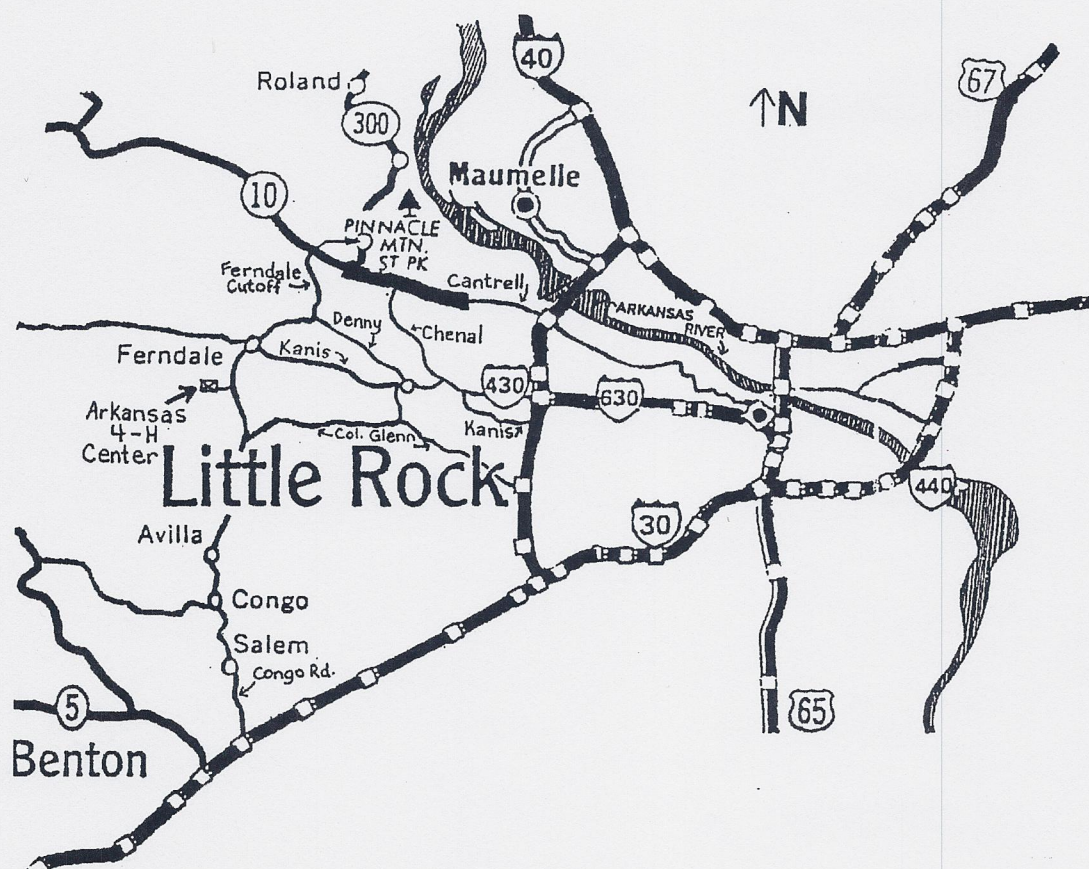
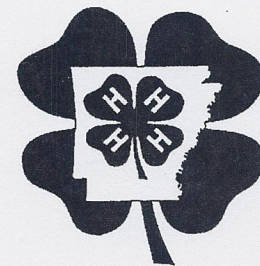
ARKANSAS 4-H CENTER ExCEL POLICY

1. ExCEL programs start between 8-8:30 a.m. and run to 4-4:30 p.m. Please coordinate if alternate times are needed.
2. The ExCEL program is for **eighth grade and up**. A **maximum of 20 participants** will be allowed on the high ropes at the same time. To increase this maximum would require an additional Certified Instructor. While we offer this option, to assure a quality experience, we do not recommend more than 20.
3. **All participants must sign** an Arkansas 4-H ExCEL Challenge Waiver of Liability Form (release form) in order to participate in the program. Youth under 18 years of age must have the form signed by a parent or guardian or they will not be allowed to participate. **No exceptions.**
4. **Youth groups must be accompanied by a minimum of two adults.** Additional adults are recommended for special youth at risk groups. Adults must stay with group at all times.
5. The required deposit must be paid by the specified time indicated in your letter of confirmation. The deposit assures your booking and is **non-refundable**.
6. **We reserve the right to cancel or offer other programs at our discretion due to inclement weather that poses a safety concern** (i.e. extreme hot, extreme cold, thunderstorms, downpours, ice or snow). **ExCEL programs will operate in non-threatening inclement weather, so come prepared!** An option of providing an indoor challenge may be offered. Rescheduling is also an option.
7. The goals and objectives of the program are most beneficial for first time participants. If the whole group is returning, please advise your Facilitators so we can alter the format of the program to fit your group.
8. **Participants exceeding 300 lbs.** or participants who are unable to fit properly into a seat harness will be required to stay on the ground for the high activities because of equipment recommendations. Please inform participants of this requirement.
9. **The organization and the person making arrangements for this function will be responsible for all materials and equipment broken or lost.** The charge will be based on the replacement cost of materials and equipment.
10. Groups spending the night at the 4-H Center are required to follow 4-H Center Lodging Rules. Both an adult male and an adult female chaperone must accompany mixed (male **and** female) youth groups during overnight stays.
11. **Lodging at the 4-H Center is by reservation only.** Lodging and meal requests should be made at least two weeks prior to the activity. **Check-out for overnight groups is 8:00 a.m.**
12. **A guarantee of exact attendance for all meal functions must be made at least 10 working days in advance of the scheduled day.** This final number is not subject to any reduction.
13. When the conference center is in use with other groups, please respect others by keeping the noise level down while in the conference buildings.
14. No smoking, candy, gum, food, etc., are allowed during ropes course workshop.
15. Dangling earrings, necklaces or jewelry of any kind should not be worn during the program.
16. **The business phone is (501) 821-6884.** After business hours, the number **(501) 821-4444** is for emergency use only. Public phones are available for lodging resident use.
17. Please leave pagers, cell phones, guns and knives at home.

Visit our web site at www.uaex.edu

University of Arkansas, United States Department of Agriculture and County Governments Cooperating

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4-H Center
501-821-4444 or
1-888-821-2544

4-H Center Programs
501-821-6884

DIRECTIONS TO C. A. VINES ARKANSAS 4-H CENTER:

From I-430: After crossing the Arkansas River from the NORTH, take the first exit - Cantrell/Highway 10 - and travel to the right. Follow Highway 10 west for approximately 8.5 miles. Look for a sign. Turn left onto Ferndale Cutoff (West Pulaski Fire Department will be on the right). Follow Ferndale Cutoff 5 miles to the 4-Way stop in Ferndale. Look for a sign. Continue straight through the 4-Way stop on Ferndale Cutoff for 1.1 miles. The 4-H Center will be on the right. From SOUTH I-430, take the Shackleford exit and loop around to get on I-630. See instructions below.

From I-630: Stay on I-630 west until the Interstate ends at the stoplight and intersection of Shackleford Road. Continue through the light. This will be Financial Center Parkway and will turn into Chenal Parkway. Travel approx. 2.5 miles on Chenal Parkway. DO NOT TURN at the light just before Kroger's. Pass the Kroger store on the left and the Shell station on the right. Immediately after the Shell station, be ready to turn left on Kanis Road. Travel 1.4 miles on Kanis and bear left at the "Y". Watch for signs. Travel 5.4 miles, there will be a 4-way stop in Ferndale. Turn left onto Ferndale Cutoff Road and travel another 1.1 miles and turn right into the 4-H Center.

From I-30 traveling East: Take Congo Road, exit 118, in Benton, go about 2 mile and take right to stoplight. Turn left at stoplight back over I-30. Go approximately 4 miles on Congo Road and turn left at the AT@ stop sign. You are on Salem-Mulberry Road for about 2 mile and then it=s called Congo Road again. Stay on Congo Road. Watch for 4-H Center sign at junction of Steele Bridge Road and Congo Road. Here the road changes names to Congo-Ferndale Road, do not turn until you get to the 4-H Center, which will be on the left. Total distance from I-30 is 17 miles.

From I-30 traveling West: Take Congo Road, exit 118, in Benton. Turn left at stoplight. Go approximately 4 miles on Congo Road and turn left at the AT@ stop sign. You are on Salem-Mulberry Road for about 2 mile and then it=s called Congo Road again. Stay on Congo Road. Watch for 4-H Center sign at junction of Steele Bridge Road and Congo Road. Here the road changes names to Congo-Ferndale Road, do not turn until you get to the 4-H Center, which will be on the left. Total distance from I-30 is 17 miles.

Challenge Your Team

ExCEL takes your employees out of their offices, cubicles, and conference rooms into the outdoors and challenges them to work together more efficiently and effectively. Our initiatives simulate the challenges faced in the workplace, allowing participants to better recognize and overcome obstacles they encounter. Activities encourage many different aspects of leadership and teamwork, such as goal setting, creative problem solving, team trust, communication, and individual responsibility. We will customize our tools for your group to maximize the results, based on their needs. All your group needs is a positive attitude, comfortable outdoor clothing, and an open mind.

